

OFFICE OF THE GOVERNOR
REQUEST FOR APPOINTMENT CONSIDERATION
BIOGRAPHICAL INFORMATION FORM

Please state below, the board or commission or general subject area in which you have an interest:									
BOARD OR COMMISSION NAME:									
Application for:		<input type="checkbox"/> New Appointment			<input type="checkbox"/> Reappointment				
Name:									
Date of Birth:				<input type="checkbox"/> US Citizen		<input type="checkbox"/> Registered Voter		MD resident since _____	
Race:		Gender:		(Ethnic/gender data is solely to assure diversity in representation)					
Home Address:									
City:					State:				Zip:
Resident County:									
MD Legislative District:					MD Congressional District:			Council or Commission District:	
Occupation:									
Employer:									
Work Address:									
City:					State:				Zip:
Phones:		(Office):			(Home):				
		(Cell):			(Fax):				
Email Address:									
Sponsoring Organization (If Any):									
Have you ever been a party (plaintiff or petitioner/defendant or respondent) to any civil, criminal, juvenile or administrative proceeding?									
<input type="checkbox"/> No		<input type="checkbox"/> Yes (Specify):							
Do you hold a Maryland license to practice a profession or trade?							<input type="checkbox"/>	Yes	<input type="checkbox"/> No
If yes, specify License:									
Have you ever had a license to practice a profession or trade, whether held in Maryland or another state, revoked or suspended?									
<input type="checkbox"/> No		<input type="checkbox"/> Yes (Specify):							
Are you a member, officer or director of any organization?							<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Specify Organization or Activity:									
If so, are you engaged in any lobbying activities for that organization?									
							<input type="checkbox"/>	Yes	<input type="checkbox"/> No

Are you a paid lobbyist for any organization?					
If so, please specify the organization		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you hold, or have you held in the past, an elected or appointed office within Federal, State or local government, or a political party?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Specify Office:					
Specify Dates:					
Have you filed all Federal and State tax returns that are now due or overdue and are all payments thereupon up to date?					
<input type="checkbox"/> Yes	<input type="checkbox"/> No (Explain):				
Have Federal, State or local authorities ever instituted a lien or other collection procedures against you?					
<input type="checkbox"/> No	<input type="checkbox"/> Yes (Explain):				
List the names, business addresses, and business telephone numbers of at least 2 individuals who are familiar with your professional qualifications and who have known you for more than the last five years:					
1. 2.					
Please attach a resume that includes information concerning your academic background, work experience and professional, political and civic organization affiliations.					
<u>ORGANIZATIONAL AFFILIATIONS:</u>					
I certify that, to the best of my knowledge and belief, all the information contained in and attached to this questionnaire is true, correct and complete. I understand and agree that I am required to notify the Office of the Governor in writing if any of the information contained in or attached to this questionnaire changes.					
Signature of applicant: _____ Date: _____					
Completed forms may be returned to: Laura Downes, State Board of Veterinary Medical Examiners, 50 Harry S Truman Pkwy., Room 201, Annapolis, Maryland 21401 Phone: (410) 841-5862 Fax: (410) 841-5780 Email: Laura.Downes@maryland.gov					
<i>Internal Use Only</i>					
CR:	GS:	TQ:			